

PROVIDENT FUND FOR THE FURNITURE MANUFACTURING INDUSTRY OF THE WESTERN CAPE

Furniture Industry House, 19 Kent Street, Salt River 7925: P O Box 1123 Woodstock 7915
Phone: 021 448-4436 Fax: 021 447-0376 Email: secretary@furniture.org.za

BURSARY GRANT ASSISTANCE SCHEME - 2009

High School / College / University / Technikon Education Grants are awarded in accordance with the following provisions:

1. The Management Committee in terms of the Scheme's Regulations shall determine the value of each grant.
2. All applications for Bursary Grants must be lodged on the official application form furnishing all the particulars required, and the members submitting such application must be a member of the Provident Fund for a minimum of (1) one consecutive year.
3. Subject to the evidence of satisfactory progress and conduct, and at the absolute discretion of the Management Committee a grant may be repeated for successive years until the completion of his/ her Studies, provided that such an applicant re-applies annually and meets all the criteria in terms of the rules of the Bursary Grant Scheme.
4. Payment of the Bursary Grant shall be made **ONLY** to the Institution at which the successful applicant has been accepted and in the case of scholars, to the member.
5. Failure to submit the final School/ College/ University/ Technikon report shall render the application incomplete and thus not be considered by the Management Committee.
6. The **CLOSING DATE** for all Application Forms is **31st January 2009**. **NO** applications shall be considered after this date.

All supporting documentation (student number, registration confirmation, reports, course to be studied) to be in by not later than **28 February 2009**. Late submission of supporting documentation will **NOT** be considered.

7. **Proof of final examination results** for the previous year must be submitted along with this application form by the closing date.
8. The Bursary Grant Assistance Scheme is open to persons who have been members of the Provident Fund for the Furniture Industry of the Western Cape for more than 12 months and the dependent spouse, children and legally adopted children.

NOTE

- (i) **To qualify for the maximum Bursary Grant for Tertiary education, (University, Technikon, College) the Member is required to have contributed to the Provident Fund of the Furniture Manufacturing Industry of the Western Cape for a minimum of 5 consecutive years.**
- (ii) **Application Forms and all necessary information to the Provident Fund Educational Grant Scheme are obtainable from:-**
 - the offices of the Furniture Bargaining Council Western Cape, 19 Kent Street, Salt River Tel: 021 448-4436 Fax: 021 447-0376
 - the offices of the Furniture Bargaining Council SWD, cnr. Queen & Pitt Streets, Outeniqua Building, Knysna Tel: 044 382-1961 Fax: 044 382-1961
 - the offices of the NUFAWSA, 374 Albert Road, Salt River Tel: 021 448-4375 Fax: 021 447-8836
 - the offices of the DFUAWUSA, 66 Strand Street, 10th floor Strand Towers, Cape Town Tel: 021 421-6264 Fax: 021 421-5850

PROVIDENT FUND FOR THE FURNITURE MANUFACTURING INDUSTRY OF THE WESTERN CAPE

Educational Bursary Grant Application Form – 2009

CLOSING DATE FOR SUBMISSION OF APPLICATIONS : 31 JANUARY 2009
CLOSING DATE FOR SUBMISSION OF SUPPORTING DOCUMENTATION : 28 FEBRUARY 2009

MEMBER'S DETAILS

Surname:..... First Names:.....
I.D.
Number:.....
Address:.....Postal Code:

Phone/Fax/Cell number (s):

Place of Work:..... Work Address:.....
.....Postal Code:.....

LEARNER'S/DEPENDANT'S DETAILS

Surname:.....First Names:.....
Age:..... Date of Birth:

Name of School.....
Address of School.....Postal Code.....
Name of Principle

Contact Number (Phone/Fax/Cell):.....

Current Grade:..... New Grade:.....

Name of Tertiary Institution:

Current Year:..... New Year:.....Course Studied:.....

Did your dependant/child pass?	YES	NO
Did your dependant/child qualify for any other bursaries?	YES	NO
Did you attach the child's report?	YES	NO
Did you attach the deposit slip? (applicable for Tertiary Applications)	YES	NO
Did you attach an affidavit (applies when the child/dependant has a different surname)	YES	NO

BANKING DETAILS

Bank Name.....Branch Code.....

Account Number.....Type of Account.....

Name of Account Holder(if different from the member)

I declare that the information furnished herein is true and correct to the best of my knowledge.

SIGNATURE..... DATE.....

OFFICE USE ONLY

The application has received the consideration of the Provident Fund Bursary Grant Scheme's Administrative Committee in terms of the recommendation of the Provident Fund Management Committee.

A GRANT of R..... HAS BEEN GRANTED / NOT BEEN GRANTED

in respect of.....

DATED..... CHEQUE NO.....

CHAIRMAN SECRETARY.....